

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

ADDRESS (number and street)

8403 Colesville Road

Suite 1550

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358812

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Meredith M. Graham

Signature of Treasurer

Meredith M. Graham

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		<input type="text" value="71414.71"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="78640.86"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="49798.55"/>	<input type="text" value="62424.05"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="128439.41"/>	<input type="text" value="133838.76"/>
7. Total Disbursements (from Line 31)	<input type="text" value="18788.70"/>	<input type="text" value="24188.05"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="109650.71"/>	<input type="text" value="109650.71"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
06 / 01 / 2013

To:

M M / D D / Y Y Y Y Y
06 / 30 / 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

49798.55

61424.05

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

49798.55

61424.05

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

49798.55

61424.05

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

1000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

49798.55

62424.05

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

49798.55

62424.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	13788.70	14488.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	13788.70	14488.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	9500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	200.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	200.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18788.70	24188.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18788.70	24188.05

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	49798.55	61424.05
34. Total Contribution Refunds (from Line 28(d))	0.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49798.55	61224.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	13788.70	14488.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	13788.70	14488.05

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 363
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Mary J Adamson

Mailing Address 3037 Jay St

City

Ravenna

State

OH

Zip Code

44266-9506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Robinson Memorial Hospital

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7485

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Suzanne Adkins

Mailing Address 207 S Dunnwood Ln

City

Mount Juliet

State

TN

Zip Code

37122-3187

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7629

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Kendra M Adkisson

Mailing Address 111 Wabash Dr.

City

Lexington

State

KY

Zip Code

40503-1920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Baptist

Occupation

RN/SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.7917

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7485

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7629

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7917

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 363

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jill Alliman

Mailing Address 410 Broad St.

City

Sweetwater

State

TN

Zip Code

37874

FEC ID number of contributing
federal political committee.

C

Name of Employer

Student

Occupation

Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7505

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Susan Altman

Mailing Address 11 Stonywood Dr

City

Commack

State

NY

Zip Code

11725-5111

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3043.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7635

Amount of Each Receipt this Period

3043.00

Full Name (Last, First, Middle Initial)

C. Lynn Tomlinson Anderson

Mailing Address 1500 E 2nd St.
Ste. 408

City

Reno

State

NV

Zip Code

89502-1197

FEC ID number of contributing
federal political committee.

C

Name of Employer

Women's Health Specialists

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7506

Amount of Each Receipt this Period

305.00

SUBTOTAL of Receipts This Page (optional)..... ►

3448.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7505

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7635

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7506

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lynn Tomlinson Anderson

Mailing Address 1500 E 2nd St.
Ste. 408

City State Zip Code
Reno NV 89502-1197

FEC ID number of contributing
federal political committee.

C

Name of Employer
Women's Health Specialists

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11Al.7507

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Michelle L Anderson

Mailing Address 14720 Kittlanselt Way

City State Zip Code
Orlando FL 32828-8042

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11Al.7508

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

C. Sally Avenson

Mailing Address 760 26th Ave NE

City State Zip Code
Seattle WA 98118

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11Al.7622

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

370.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7507

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7508

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7622

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Melissa D Avery

Mailing Address 4845 Irving Ave S

City

Minneapolis

State

MN

Zip Code

55419-5233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Minnesota

Occupation

CNM, ACNM Past President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

47.00

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7949

Amount of Each Receipt this Period

47.00

Full Name (Last, First, Middle Initial)

B. Kathleen J. Bailey

Mailing Address 5007 Shoal Creek Road

City

Suffolk

State

VA

Zip Code

23435

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

85.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7509

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Kathleen J. Bailey

Mailing Address 5007 Shoal Creek Road

City

Suffolk

State

VA

Zip Code

23435

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

195.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7510

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

192.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7949

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7509

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7510

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kathleen J. Bailey

Mailing Address 5007 Shoal Creek Road

City

Suffolk

State

VA

Zip Code

23435

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11Al.7511

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Kathleen J. Bailey

Mailing Address 5007 Shoal Creek Road

City

Suffolk

State

VA

Zip Code

23435

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11Al.7512

Amount of Each Receipt this Period

170.00

Full Name (Last, First, Middle Initial)

C. Karen A Baldwin

Mailing Address 48 Old Albany Post Rd.

City

Rhinebeck

State

NY

Zip Code

12572

FEC ID number of contributing
federal political committee.

C

Name of Employer

MSMC

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11Al.7599

Amount of Each Receipt this Period

258.00

SUBTOTAL of Receipts This Page (optional)..... ▶

628.00

TOTAL This Period (last page this line number only)..... ▶

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7511

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7512

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7599

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Mary Barger

Mailing Address 4400 New Jersey St

City

San Diego

State

CA

Zip Code

92116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of CA, SF

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7513

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Michael Beard

Mailing Address 10420 Greenacres Dr.

City

Silver Spring

State

MD

Zip Code

20903-1405

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7614

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

C. Tanya M Belanger

Mailing Address 201 W Coventry Ct
Apt 304

City

Glendale

State

WI

Zip Code

53217-3956

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7617

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7513

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7614

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7617

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Renee L Benz-Hansen

Mailing Address 3346 Bakerstand Rd

City

Franklinville

State

NY

Zip Code

14737-9729

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7533

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

B. Cynthia Bernard

Mailing Address 18239 State Route EE

City

Sainte Genevieve

State

MO

Zip Code

63670-8211

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7484

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Jane Beshore

Mailing Address 1212 County Line Rd.

City

Bryn Mawr

State

PA

Zip Code

19010

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7514

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

155.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7533

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7484

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7514

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Georgia Blair

Mailing Address 41 Obre Place

City

Shrewsbury

State

NJ

Zip Code

07702

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11Al.7688

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Debra L Bloch

Mailing Address 16 Park Ave

City

Airmont

State

NY

Zip Code

10952

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11Al.7660

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Deborah Blue

Mailing Address 2223 NE 137 th St

City

Seattle

State

WA

Zip Code

98125-3341

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11Al.7633

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7688

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7660

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7633

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Katie E. Bogle

Mailing Address 258 E 14th St Unit B

City

Elmira Heights

State

NY

Zip Code

14903

FEC ID number of contributing
federal political committee.

C

Name of Employer

WomanHealth

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7515

Amount of Each Receipt this Period

135.00

Full Name (Last, First, Middle Initial)

B. Katie E. Bogle

Mailing Address 258 E 14th St Unit B

City

Elmira Heights

State

NY

Zip Code

14903

FEC ID number of contributing
federal political committee.

C

Name of Employer

WomanHealth

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7516

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Jacqueline Born

Mailing Address 4210 Coventry Rd

City

Fayetteville

State

NC

Zip Code

28304

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7469

Amount of Each Receipt this Period

2.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

197.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7515

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7516

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7469

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Heather Bradford

Mailing Address 527 Kirkland Avenue

City

Kirkland

State

WA

Zip Code

98033-6220

FEC ID number of contributing
federal political committee.

C

Name of Employer

EvergreenHealth Midwifery Care

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

96.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	3

Transaction ID : SA11Al.7479

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

B. Heather Bradford

Mailing Address 527 Kirkland Avenue

City

Kirkland

State

WA

Zip Code

98033-6220

FEC ID number of contributing
federal political committee.

C

Name of Employer

EvergreenHealth Midwifery Care

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

296.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	3

Transaction ID : SA11Al.7657

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Heather Bradford

Mailing Address 527 Kirkland Avenue

City

Kirkland

State

WA

Zip Code

98033-6220

FEC ID number of contributing
federal political committee.

C

Name of Employer

EvergreenHealth Midwifery Care

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1071.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

Transaction ID : SA11Al.7941

Amount of Each Receipt this Period

775.40

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

976.40

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7479

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7657

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7941

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 363

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Ginger Breedlove

Mailing Address 13608 W 54th St.

City

Shawnee

State

KS

Zip Code

66216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shenandoah University

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7655

Amount of Each Receipt this Period

1150.00

Full Name (Last, First, Middle Initial)

B. Ginger Breedlove

Mailing Address 13608 W 54th St.

City

Shawnee

State

KS

Zip Code

66216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shenandoah University

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7656

Amount of Each Receipt this Period

1750.00

Full Name (Last, First, Middle Initial)

C. Ginger Breedlove

Mailing Address 13608 W 54th St.

City

Shawnee

State

KS

Zip Code

66216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shenandoah University

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.7950

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3250.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7655

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7656

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7950

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Joyce Brewer

Mailing Address 206 Deerfield Club Dr

City

State

Zip Code

Canton

MS

39046-9218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

N/A

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2013

Transaction ID : SA11AI.7670

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Ellen M Brodrick

Mailing Address 308 19th St. S

City

State

Zip Code

La Crosse

WI

54601-5015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Univ. of Pennsylvania

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2013

Transaction ID : SA11AI.7653

Amount of Each Receipt this Period

420.00

Full Name (Last, First, Middle Initial)

C. Ellen M Brodrick

Mailing Address 308 19th St. S

City

State

Zip Code

La Crosse

WI

54601-5015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Univ. of Pennsylvania

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2013

Transaction ID : SA11AI.7654

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

695.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7670

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7653

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7654

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jessica Burke-Lazarus

Mailing Address 114 22nd Ave

City
SeattleState
WAZip Code
98122-6007FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7643

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Cassandra A Burrell

Mailing Address 4514 Simmons Ln

City
Temple HillsState
MDZip Code
20748-3827FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7465

Amount of Each Receipt this Period

3.00

Full Name (Last, First, Middle Initial)

C. Christina Butler

Mailing Address 3 S 536 Curtis Ave.

City
WarrenvilleState
ILZip Code
60555FEC ID number of contributing
federal political committee.

C

Name of Employer

NW Prof.Obstetrics&Gynecology

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2013

Transaction ID : SA11AI.7676

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

128.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7643

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7465

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7676

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Barbara D Camune

Mailing Address 139 Stoneleigh Dr

City

Heath

State

TX

Zip Code

75032-6630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor University

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7662

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Tara Cardinal

Mailing Address 5147 S Brighton St

City

Seattle

State

WA

Zip Code

98118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Planned Parenthood

Occupation

Clinician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7943

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Katherine Camacho Carr

Mailing Address 902 17th Avenue East

City

Seattle

State

WA

Zip Code

98112-3924

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seattle University

Occupation

CNM, ACNM Past President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1525.00

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7958

Amount of Each Receipt this Period

1475.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1615.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7662

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7943

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7958

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Carina Carreaon-ReyesMailing Address 2206 Naomi St
Unit 19

City Houston State TX Zip Code 77054-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7517

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Carina Carreaon-ReyesMailing Address 2206 Naomi St
Unit 19

City Houston State TX Zip Code 77054-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

123.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7518

Amount of Each Receipt this Period

33.00

Full Name (Last, First, Middle Initial)

c. Choices In ChildbirthMailing Address 441 Lexington Ave
19th FL

City New York State NY Zip Code 10017

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.29

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.7931

Amount of Each Receipt this Period

35.29

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

158.29

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7517

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7518

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7931

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Andrea Christianson

Mailing Address 54 Cove Street

City

Portsmouth

State

RI

Zip Code

02813-0389

FEC ID number of contributing
federal political committee.

C

Name of Employer

RIHB

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7489

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Anne Cockerham

Mailing Address 25813 Spring Farm Cr.

City

Chantilly

State

VA

Zip Code

20152

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7932

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Connie Coker

Mailing Address 87 Depot Pl

City

Nyack

State

NY

Zip Code

10960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Integral Women's Wellness

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

113.00

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7896

Amount of Each Receipt this Period

63.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

218.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7489

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7932

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7896

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth Coleman

Mailing Address 1113 Weldor Ct.

City

Lexington

State

KY

Zip Code

40515

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

24.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2013

Transaction ID : SA11AI.7898

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

B. Mary Kaye Collins

Mailing Address 2089 NW Pine Tree Way

City

Stuart

State

FL

Zip Code

34994-8829

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mary K. Collins, PL

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7531

Amount of Each Receipt this Period

913.00

Full Name (Last, First, Middle Initial)

c. Mary Kaye Collins

Mailing Address 2089 NW Pine Tree Way

City

Stuart

State

FL

Zip Code

34994-8829

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mary K. Collins, PL

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

983.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7532

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)..... ►

1007.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7898

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7531

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7532

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Mary Kaye Collirs

Mailing Address 2089 NW Pine tree way L

City
StuartState
FLZip Code
34994FEC ID number of contributing
federal political committee.

C

Name of Employer

Mary K. Collins, PL

Occupation

CNM/ JD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

52.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2013

Transaction ID : SA11AI.7907

Amount of Each Receipt this Period

52.00

Full Name (Last, First, Middle Initial)

B. Mary Kaye Collirs

Mailing Address 2089 NW Pine tree way L

City
StuartState
FLZip Code
34994FEC ID number of contributing
federal political committee.

C

Name of Employer

Mary K. Collins, PL

Occupation

CNM/ JD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

102.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2013

Transaction ID : SA11AI.7952

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Kristen E Conroy

Mailing Address 1428 Constellation Dr

City
AllenState
TXZip Code
75013-3466FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	19	/	2013

Transaction ID : SA11AI.7498

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)..... ►

222.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7907

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7952

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7498

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 363

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth M Cooper

Mailing Address 19 Westland Avenue

City

Rochester

State

NY

Zip Code

14618-1017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Rochester Medical Center

Occupation

CNM

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7520

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kim J Cox

Mailing Address 600 Lafayette Dr. NE

City

Albuquerque

State

NM

Zip Code

87106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of New Mexico

Occupation

CNM

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7640

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Lynn D. Cox-Jonke

Mailing Address 4987 Avenida De Los Reyes

City

Yorba Linda

State

CA

Zip Code

92886

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7468

Amount of Each Receipt this Period

2.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

702.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7520

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7640

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7468

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Carolyn A.B. CurtisMailing Address 4961 8th St NE
Ste NE

City	State	Zip Code
Washington	DC	20017-3907

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7668

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Esther DeJong

Mailing Address 950 Pichaloup PI

City	State	Zip Code
New Orleans	LA	70119-3822

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7648

Amount of Each Receipt this Period

160.00

Full Name (Last, First, Middle Initial)

C. Jennifer DemmaMailing Address 2828 Aldrich Ave S
Unit 9

City	State	Zip Code
Minneapolis	MN	55408

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7521

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ▶

235.00

TOTAL This Period (last page this line number only)..... ▶

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7668

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7648

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7521

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jennifer Demma

Mailing Address 2828 Aldrich Ave S

Unit 9

City

Minneapolis

State

MN

Zip Code

55408

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7522

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Emily G Dial

Mailing Address 20009 Cifton

City

Laurencebury

State

KY

Zip Code

40342

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM ARNP WHNP-BC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : SA11AI.7910

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Lora Dibner-Garcia

Mailing Address 521 17th St

City

Brooklyn

State

NY

Zip Code

11215-6042

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7613

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

405.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7522

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7910

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7613

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Florence Donohue

Mailing Address N/A

City	State	Zip Code
N/A	VA	11111

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7694

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. Dawn Durain

Mailing Address 192 Hopewell Pennington Rd.

City	State	Zip Code
Hopewell	NJ	08525-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Pennsylvania

Occupation

ACNM BOD Member, CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7558

Amount of Each Receipt this Period

540.00

Full Name (Last, First, Middle Initial)

C. Margaret A. Egeland

Mailing Address 1735 Rio Vista Way S

City	State	Zip Code
Salem	OR	97302

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7523

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

670.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7558

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7523

|

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 363

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Amy English-Burt

Mailing Address 2539 S Bayou Bar Way

City

Meridian

State

ID

Zip Code

83642-4515

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

29.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7524

Amount of Each Receipt this Period

29.00

Full Name (Last, First, Middle Initial)

B. Eunice K Ernst

Mailing Address 1207 Perkiomenville Road

City

Perkiomenville

State

PA

Zip Code

18074

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7669

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Eunice Kitty Ernst

Mailing Address 1207 Perkiomenville Rd

City

Perkiomenville

State

PA

Zip Code

18074-9603

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7638

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

429.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7524

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7669

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7638

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 74 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Juliana Fehr

Mailing Address 3106 Castleman Rd.

City

Berryville

State

VA

Zip Code

22611-3031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shenandoah University

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7922

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Juliana Fehr

Mailing Address 3106 Castleman Rd.

City

Berryville

State

VA

Zip Code

22611-3031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shenandoah University

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7946

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Maria Fisher

Mailing Address 20 Simon St

City

Babylon

State

NY

Zip Code

11702

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7525

Amount of Each Receipt this Period

173.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

243.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7922

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7946

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7525

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 363

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Cynthia B. Flynn

Mailing Address 814 Penn St.

City State Zip Code
 Bryn Mawr PA 19010-3824

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The Birth Center at Bryn Mawr

Occupation
 CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11AI.7971

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Shawn Marie Fox

Mailing Address 878 Amsterdam Ave NE Apt 3

City State Zip Code
 Atlanta GA 30306-3488

FEC ID number of contributing
federal political committee.

C

Name of Employer
 N/A

Occupation
 SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7651

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Traci A Gamet

Mailing Address 1585 Sutterbrook Way

City State Zip Code
 Reno NV 89521-6175

FEC ID number of contributing
federal political committee.

C

Name of Employer
 N/A

Occupation
 SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

54.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7611

Amount of Each Receipt this Period

54.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

129.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7651

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7611

|

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 79 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kathleen Gater

Mailing Address 2 Westminster Ct

City

Pennington

State

NJ

Zip Code

08534-5249

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7526

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

B. Elaine Germano

Mailing Address 8 Upper Glenview Drive

City

Glenford

State

NY

Zip Code

12433-5100

FEC ID number of contributing
federal political committee.

C

Name of Employer

American College of Nurse-Midwives

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7664

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Vivian Goldenberg

Mailing Address 1124 Beverly Rd

City

Jenkintown

State

PA

Zip Code

19046-3006

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

43.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7519

Amount of Each Receipt this Period

43.00

SUBTOTAL of Receipts This Page (optional)..... ►

223.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7526

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7664

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7519

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 82 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Julie G Gorwoda

Mailing Address 6629 Elwood Dr. NW

City State Zip Code
Los Ranchos NM 04212

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of New Mexico

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.7923

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Erin Graham

Mailing Address 2000 Monroe PI NE
Apt 3203

City State Zip Code
Atlanta GA 30324-4979

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7463

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Meredith M. Graham

Mailing Address 8403 Colesville Road, Suite 1550

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACNM

Occupation
Direct of Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7472

Amount of Each Receipt this Period

2.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

137.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7923

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7463

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7472

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 85 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Michelle Grandy

Mailing Address 4026 224th Street SE
Apt. 7

City Bothell State WA Zip Code 98021

FEC ID number of contributing
federal political committee.

C

Name of Employer
UW Medicine/Northwest Hospital

Occupation
CNM, ACNM BOD Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

06 / 25 / 2013

Transaction ID : SA11AI.7659

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Barbara W Graves

Mailing Address 689 Chestnut St.

City Springfield State MA Zip Code 01107-1620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baystate Midwifery Education Program

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7527

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

C. Janelle Green

Mailing Address 26 Rosebank Ave

City Kentfield State CA Zip Code 94904-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7528

Amount of Each Receipt this Period

245.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1095.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7659

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7527

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7528

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 363
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Janelle Green

Mailing Address 26 Rosebank Ave

City

Kentfield

State

CA

Zip Code

94904-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7529

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

B. Becky L Gunthert

Mailing Address 1012 Lake Rd

City

Altoona

State

WI

Zip Code

54720-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7492

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Laraine H Guyette

Mailing Address 1685 Uinta Street

City

Denver

State

CO

Zip Code

80220-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Denver Health & Hospitals

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7476

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7529

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7492

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7476

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 91 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Eve K Hadley

Mailing Address PO Box 4809

City

Portland

State

ME

Zip Code

04112-4809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Penn, School of Nursing

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	3

Transaction ID : SA11AI.7530

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. Eve K Hadley

Mailing Address PO Box 4809

City

Portland

State

ME

Zip Code

04112-4809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Penn, School of Nursing

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6			3	0	2	0	1	3

Transaction ID : SA11AI.7938

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. Eve K Hadley

Mailing Address PO Box 4809

City

Portland

State

ME

Zip Code

04112-4809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Penn, School of Nursing

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6			3	0	2	0	1	3

Transaction ID : SA11AI.7939

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

240.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7530

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7938

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7939

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 94 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Anna Hanson

Mailing Address 5349 E Windrose Dr

City

Scottsdale

State

AZ

Zip Code

85254-5117

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7612

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. Lisa C Hanson

Mailing Address 1026 Lakeland Road

City

Grafon

State

WI

Zip Code

53024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marquette Univ, NM Program

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7650

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Lisa C Hanson

Mailing Address 1026 Lakeland Road

City

Grafon

State

WI

Zip Code

53024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marquette Univ, NM Program

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7930

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7612

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7650

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7930

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 97 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lisa C Hanson

Mailing Address 1026 Lakeland Road

City State Zip Code
 Grafon WI 53024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marquette Univ, NM Program

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.7933

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Patricia J Harman

Mailing Address 3011 Greystone Dr.

City State Zip Code
 Morgantown WV 26508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Partners In Women's Health Care

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.7925

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

C. Kate Harrod

Mailing Address W1815 Country Hwy B

City State Zip Code
 Genoa City WI 53128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Health Care/Marquette Universit

Occupation

Certified Nurse Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 01 / 2013

Transaction ID : SA11AI.7534

Amount of Each Receipt this Period

435.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

540.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7933

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7925

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7534

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 100 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kate Harrod

Mailing Address W1815 Country Hwy B

City State Zip Code
 Genoa City WI 53128

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Aurora Health Care/Marquette Universit

Occupation
 Certified Nurse Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7535

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Kate Harrod

Mailing Address W1815 Country Hwy B

City State Zip Code
 Genoa City WI 53128

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Aurora Health Care/Marquette Universit

Occupation
 Certified Nurse Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.99

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7894

Amount of Each Receipt this Period

29.99

Full Name (Last, First, Middle Initial)

C. Kathryn Shisler Harrod

Mailing Address W1815 Country Road B

City State Zip Code
 Genoa City WI 53128-1938

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Aurora Health Care

Occupation
 CNM, Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7934

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional)..... ►

679.99

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7535

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7934

|

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 102 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jerrilyn Hobdy

Mailing Address 130 Spruce St.
#16B

City State Zip Code
Philadelphia PA 19106-4324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Phila Health Action

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7481

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Eliza Holland

Mailing Address 7 Betts Place

City State Zip Code
Norwalk CT 06855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norwalk Hospital

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.7895

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Eliza Holland

Mailing Address 7 Betts Place

City State Zip Code
Norwalk CT 06855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norwalk Hospital

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.7957

Amount of Each Receipt this Period

650.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7481

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7895

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7957

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 105 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Marianna Holland

Mailing Address 170 Prosperous Place

City

Lexington

State

KY

Zip Code

40509

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

MM / DD / YYYY
06 / 01 / 2013

Transaction ID : SA11Al.7606

Amount of Each Receipt this Period

135.00

Full Name (Last, First, Middle Initial)

B. Marianna Holland

Mailing Address 170 Prosperous Place

City

Lexington

State

KY

Zip Code

40509

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

195.00

Date of Receipt

MM / DD / YYYY
06 / 01 / 2013

Transaction ID : SA11Al.7607

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Marianna Holland

Mailing Address 170 Prosperous Place

City

Lexington

State

KY

Zip Code

40509

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

MM / DD / YYYY
06 / 01 / 2013

Transaction ID : SA11Al.7608

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

215.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7606

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7607

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7608

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 108 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Sarah Hood

Mailing Address 174 Suburban Ct.

City
Lexington

State Zip Code
KY 40503

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM/ CPM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11Al.7920

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Cheri Van Hoover

Mailing Address P.O.Box 1658Port

City
Hadlock

State Zip Code
WA 98339

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11Al.7955

Amount of Each Receipt this Period

565.00

Full Name (Last, First, Middle Initial)

C. Melinda Hoskins

Mailing Address P.O. Box 99

City
Minden

State Zip Code
NV 89423-0099

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11Al.7619

Amount of Each Receipt this Period

170.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

765.00

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7920

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7955

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7619

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 111 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Melinda Hoskins

Mailing Address P.O. Box 99

City

Minden

State

NV

Zip Code

89423-0099

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7620

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Barbara Hughes

Mailing Address 2100 Humboldt St.
Apt. 302

City

Denver

State

CO

Zip Code

80205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wilson Hughes Consulting, LLC

Occupation

CNM MS MBA FACNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.7937

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

c. Linda A Hunter

Mailing Address 15 Trenton St
Apt 1L

City

Pawtucket

State

RI

Zip Code

02860-6078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Women & Infants Hospital

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7663

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1640.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7620

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7937

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7663

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 114 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Sally R Inglesby-Schaefer

Mailing Address 94 Ivanhoe Ct

City

Waynesville

State

NC

Zip Code

28785

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7470

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Katie Isaac

Mailing Address 279 Kings Daughters Dr.
#301

City

Frakfort

State

KY

Zip Code

40601

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7913

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Katie Isaac

Mailing Address 279 Kings Daughters Dr.
#301

City

Frakfort

State

KY

Zip Code

40601

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7924

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7470

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7913

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7924

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 117 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jennifer Gwen Jagger

Mailing Address 3457 Whisper Lane

City

Eugene

State

OR

Zip Code

97402

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

Transaction ID : SA11AI.7944

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

B. Lucia Jenkusky

Mailing Address 4197 McNamara Pl

City

Lewis Center

State

OH

Zip Code

43035-6910

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

980.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	3

Transaction ID : SA11AI.7621

Amount of Each Receipt this Period

980.00

Full Name (Last, First, Middle Initial)

C. Richard F Jennings

Mailing Address 6 Wildwood Dr

City

Branford

State

CT

Zip Code

06405-3935

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	3

Transaction ID : SA11AI.7536

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

1270.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7944

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7621

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7536

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 120 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Cecilia M Jevitt

Mailing Address 3 Short Beach Rd.

City

East Haven

State

CT

Zip Code

06512-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

185.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7537

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Cecilia M Jevitt

Mailing Address 3 Short Beach Rd.

City

East Haven

State

CT

Zip Code

06512-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7538

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Peter Johnson

Mailing Address 1938 Bank St

City

Baltimore

State

MD

Zip Code

21231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jhpiego

Occupation

CNM PhD FACNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7953

Amount of Each Receipt this Period

1200.00

SUBTOTAL of Receipts This Page (optional)..... ►

1335.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7537

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7538

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7953

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 123 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Tina Maria Johnson

Mailing Address 1938 Bank St

City

Baltimore

State

MD

Zip Code

21231-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

594.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7546

Amount of Each Receipt this Period

594.00

Full Name (Last, First, Middle Initial)

B. Tina Maria Johnson

Mailing Address 1938 Bank St

City

Baltimore

State

MD

Zip Code

21231-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

674.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7547

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. Shannon Kane

Mailing Address 49 William St

City

Tonawanda

State

NY

Zip Code

14150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

55.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7539

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

714.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7546

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7547

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7539

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 126 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Shannon Kane

Mailing Address 49 William St

City

Tonawanda

State

NY

Zip Code

14150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

75.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7540

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Deborah K. Karsnitz

Mailing Address 2230 Taylorwood Rd.

City

Simpsonville

State

KY

Zip Code

40067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frontier Nursing University

Occupation

CNM/ DNP/ FACNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7899

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Nicole Keller

Mailing Address 216 Aspenwood Ln

City

Nashville

State

TN

Zip Code

37221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt Univ. Schl of Med

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

70.99

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7908

Amount of Each Receipt this Period

70.99

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.99

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7540
|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7899
|

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7908

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 129 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Holly Powell Kennedy

Mailing Address 34 Quarry Dock Rd

City

Branford

State

CT

Zip Code

06405-4655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University

Occupation

ACNM President, CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7541

Amount of Each Receipt this Period

110.00

Full Name (Last, First, Middle Initial)

B. Holly Powell Kennedy

Mailing Address 34 Quarry Dock Rd

City

Branford

State

CT

Zip Code

06405-4655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University

Occupation

ACNM President, CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

785.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7542

Amount of Each Receipt this Period

575.00

Full Name (Last, First, Middle Initial)

C. Kathleen M Kett

Mailing Address 16893 Helmet Rd

City

Tomah

State

WI

Zip Code

54660-6787

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7674

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

735.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7541

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7542

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7674

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 132 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. LaShawna King

Mailing Address 101 Summit St.

City

Brooklyn

State

NY

Zip Code

11231-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7474

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Stephanie Kleven

Mailing Address 1818 Spruce St Apt. 1F

City

Philadelphia

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital of the Univ of Penn

Occupation

RN - Labor and Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7543

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Carrie Klima

Mailing Address 2624 N Spaulding Ave Apt 1W
Apt 1W

City

Chicago

State

IL

Zip Code

60647-1453

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Illinois Chicago

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7589

Amount of Each Receipt this Period

180.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

315.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7474

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7543

|

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7589

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 135 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Christina Kocis

Mailing Address 39 Summit Street

City

Huntington

State

NY

Zip Code

11743-2603

FEC ID number of contributing
federal political committee.

C

Name of Employer

STUMED

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

93.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7610

Amount of Each Receipt this Period

93.00

Full Name (Last, First, Middle Initial)

B. Pamela M Koehler

Mailing Address 1212 Calhoun St

City

Peru

State

IL

Zip Code

61354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7487

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mary Lou Kopas

Mailing Address 10531 11th Ave NE

City

Seattle

State

WA

Zip Code

98125-7505

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7544

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

193.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7610

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7487

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7544

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 138 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Mary Lou Kopas

Mailing Address 10531 11th Ave NE

City
Seattle

State
WA

Zip Code
98125-7505

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7545

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Nancy Kraus

Mailing Address 340 Corlies Ave

City
Pelham

State
NY

Zip Code
10803

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7644

Amount of Each Receipt this Period

190.00

Full Name (Last, First, Middle Initial)

C. Jan M. Kriebs

Mailing Address 13121 Idlewild Drive

City
Bowie

State
MD

Zip Code
20715

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7483

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

270.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7545

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7644

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7483

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 141 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Dana Kunze

Mailing Address 2206 W Prospect Rd

City

Fort Collins

State

CO

Zip Code

80526

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7682

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Janice Kvale

Mailing Address 5914 Blanco River Pass

City

Austin

State

TX

Zip Code

78749-2860

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7947

Amount of Each Receipt this Period

315.00

Full Name (Last, First, Middle Initial)

C. Karin J Larson

Mailing Address 1431 Arden PI

City

Arden Hills

State

MN

Zip Code

55112

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7675

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

380.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7682

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7947

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7675

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 144 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Rachel Latta

Mailing Address 3232 Birdsall Ave

City

Oakland

State

CA

Zip Code

94619-3310

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7623

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Vivian Lawenstein

Mailing Address 1124 Beverly Road

City

Jenkintown

State

PA

Zip Code

19046

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.7915

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Kate L Lawrence

Mailing Address 100 Henlopen Sta
Unit 202A

City

Rehoboth Beach

State

DE

Zip Code

19971-3128

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2013

Transaction ID : SA11AI.7497

Amount of Each Receipt this Period

8.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

73.00

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7623

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7915

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7497

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 147 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Laura Leatherman

Mailing Address 444 Elmington Ave
Apt 632

City State Zip Code
Nashville TN 37205

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7548

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

B. Laura Leatherman

Mailing Address 444 Elmington Ave
Apt 632

City State Zip Code
Nashville TN 37205

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

63.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7549

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Laura Leatherman

Mailing Address 444 Elmington Ave
Apt 632

City State Zip Code
Nashville TN 37205

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

83.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7550

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

83.00

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7548

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7549

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7550

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 150 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lisa A Lederer

Mailing Address 6 Holly Dr

City

Budd Lake

State

NJ

Zip Code

07828-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hackettstown Midwives

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7637

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Amy J. Levi

Mailing Address 726 Tramway Vista Ct NE
Unit 1

City

Albuquerque

State

NM

Zip Code

87122-1696

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7642

Amount of Each Receipt this Period

288.00

Full Name (Last, First, Middle Initial)

C. Janet Lewis

Mailing Address 516 S 44th Street

City

Philadelphia

State

PA

Zip Code

19104-3908

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7551

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

898.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7637

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7642

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7551

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 153 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City State Zip Code
 Nipomp CA 93444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Santa Barbara Co. PHD

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.7911

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City State Zip Code
 Nipomp CA 93444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Santa Barbara Co. PHD

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

185.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.7912

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City State Zip Code
 Nipomp CA 93444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Santa Barbara Co. PHD

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

194.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.7914

Amount of Each Receipt this Period

9.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

194.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7911

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7912

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7914

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 156 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City

Nipomp

State

CA

Zip Code

93444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Santa Barbara Co. PHD

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : SA11Al.7916

Amount of Each Receipt this Period

97.00

Full Name (Last, First, Middle Initial)

B. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City

Nipomp

State

CA

Zip Code

93444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Santa Barbara Co. PHD

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

331.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : SA11Al.7926

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City

Nipomp

State

CA

Zip Code

93444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Santa Barbara Co. PHD

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : SA11Al.7929

Amount of Each Receipt this Period

26.00

SUBTOTAL of Receipts This Page (optional)..... ►

163.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7916

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7926

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7929
|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 159 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City

Nipomp

State

CA

Zip Code

93444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Santa Barbara Co. PHD

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

757.00

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7940

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Francie E Likis

Mailing Address 4530 Everett Drive

City

Nashville

State

TN

Zip Code

37215

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21.99

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7954

Amount of Each Receipt this Period

21.99

Full Name (Last, First, Middle Initial)

C. Angela Wilson Liverman

Mailing Address 7964 Hooten Hows Rd.

City

Nashville

State

TN

Zip Code

37221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wine

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7693

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

446.99

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7940

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7954

|

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 161 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Angela Wilson Liverman

Mailing Address 7964 Hooten Hows Rd.

City

Nashville

State

TN

Zip Code

37221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wine

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

50.99

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2013

Transaction ID : SA11AI.7905

Amount of Each Receipt this Period

25.99

Full Name (Last, First, Middle Initial)

B. Lisa Kane LowMailing Address 400 N Ingalls St
Ste 3320

City

Anna Arbor

State

MI

Zip Code

48109-2003

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

162.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7649

Amount of Each Receipt this Period

162.00

Full Name (Last, First, Middle Initial)

C. Darcy Lucey

Mailing Address PO Box 875234

City

Wasilla

State

AK

Zip Code

99687

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mat-Su Midwifery

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

121.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7552

Amount of Each Receipt this Period

71.00

SUBTOTAL of Receipts This Page (optional)..... ►

258.99

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7905

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7649

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7552

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 164 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Darcy Lucey

Mailing Address PO Box 875234

City

Wasilla

State

AK

Zip Code

99687

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mat-Su Midwifery

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

141.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7553

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Barbara B Lutz

Mailing Address 2671 Highway 70

City

Manasquan

State

NJ

Zip Code

08736-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7554

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

c. Sarah M Lynch

Mailing Address 2669 Sherman Rd

City

Jackson

State

WI

Zip Code

53037-9794

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7555

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

185.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7553

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7554

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7555

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 167 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jean M Mac Barron

Mailing Address 26 Wompatuck Rd

City

Hingham

State

MA

Zip Code

02043-1126

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7556

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

B. Emily Evans MacLaury

Mailing Address 1618 Juliet Ave

City

Saint Paul

State

MN

Zip Code

55105-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7502

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Caithlin Madison

Mailing Address 223A S Farragut St

City

Philadelphia

State

PA

Zip Code

19139-4411

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7480

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

265.00

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7556

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7502

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7480

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 170 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Polly Malby

Mailing Address 1419 NE Market Dr

City State Zip Code
 Fairview OR 97024

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM, Health Coach

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 01 / 2013

Transaction ID : SA11Al.7685

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Melinda C Mann

Mailing Address 1142 Ramblewood Dr

City State Zip Code
 Annapolis MD 21409-4651

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 01 / 2013

Transaction ID : SA11Al.7557

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Ellen Martin

Mailing Address 1159 Moores Mill Road

City State Zip Code
 Atlanta GA 30327

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 01 / 2013

Transaction ID : SA11Al.7667

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7685

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7557

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7667

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 OF 363

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Julia Martin

Mailing Address 1025 S York St

City State Zip Code
 Denver CO 80209-4650

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 01 / 2013

Transaction ID : SA11AI.7559

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Leilani J Mason

Mailing Address 829 Clayton Ave # A

City State Zip Code
 Nashville TN 37204

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 01 / 2013

Transaction ID : SA11AI.7560

Amount of Each Receipt this Period

242.00

Full Name (Last, First, Middle Initial)

C. Leilani J Mason

Mailing Address 829 Clayton Ave # A

City State Zip Code
 Nashville TN 37204

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.7909

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

342.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7559

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7560

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7909

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 176 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Laura MaycockMailing Address 26 Prospect St
Unit 1

City Greenfield State MA Zip Code 01301-3525

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7652

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Laura MaycockMailing Address 26 Prospect St
Unit 1

City Greenfield State MA Zip Code 01301-3525

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7679

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Michael M McCann

Mailing Address 1551 Debra Drive

City Smyrna State GA Zip Code 30080

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

CNM, ACNM BOD Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7561

Amount of Each Receipt this Period

540.00

SUBTOTAL of Receipts This Page (optional)..... ►

580.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7652

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7679

|

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7561
|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 179 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Michael M McCann

Mailing Address 1551 Debra Drive

City State Zip Code
Smyrna GA 30080

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

CNM, ACNM BOD Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7562

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Michael M McCann

Mailing Address 1551 Debra Drive

City State Zip Code
Smyrna GA 30080

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

CNM, ACNM BOD Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.7901

Amount of Each Receipt this Period

51.00

Full Name (Last, First, Middle Initial)

C. William McCool

Mailing Address 6 Harvard Rd.

City State Zip Code
Havertown PA 19083-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7563

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

701.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7562

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7901

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7563

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 182 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. William McCool

Mailing Address 6 Harvard Rd.

City

Havertown

State

PA

Zip Code

19083-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	3		

Transaction ID : SA11Al.7564

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

B. William McCool

Mailing Address 6 Harvard Rd.

City

Havertown

State

PA

Zip Code

19083-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	3		

Transaction ID : SA11Al.7565

Amount of Each Receipt this Period

37.00

Full Name (Last, First, Middle Initial)

C. William McCool

Mailing Address 6 Harvard Rd.

City

Havertown

State

PA

Zip Code

19083-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	3		

Transaction ID : SA11Al.7566

Amount of Each Receipt this Period

66.00

SUBTOTAL of Receipts This Page (optional)..... ►

168.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7564

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7565

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7566

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 OF 363

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Alison R McDonald

Mailing Address 499 Fort Washington Ave
Apt 5C

City State Zip Code
New York NY 10033-4679

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia University

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11Al.7689

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

B. Kelly McKittrick

Mailing Address 910 N Balsam St

City State Zip Code
Boise ID 83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Treasure Valley Midwives

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11Al.7567

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Kelly McKittrick

Mailing Address 910 N Balsam St

City State Zip Code
Boise ID 83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Treasure Valley Midwives

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

195.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11Al.7568

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7567

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7568

|

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 OF 363

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kelly McKittrick

Mailing Address 910 N Balsam St

City

Boise

State

ID

Zip Code

83706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Treasure Valley Midwives

Occupation

CNM

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7569

Amount of Each Receipt this Period

56.00

Full Name (Last, First, Middle Initial)

B. Kathleen Menasche

Mailing Address 102 Lantana Dr.

City

Georgetown

State

TX

Zip Code

78633-4845

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7478

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Kathleen Menasche

Mailing Address 102 Lantana Dr.

City

Georgetown

State

TX

Zip Code

78633-4845

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7570

Amount of Each Receipt this Period

140.00

SUBTOTAL of Receipts This Page (optional)..... ►

346.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7569

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7478

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7570

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 190 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kathleen Menasche

Mailing Address 102 Lantana Dr.

City

Georgetown

State

TX

Zip Code

78633-4845

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7571

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Judith Mercer

Mailing Address 76 Woodbury Road

City

Cranston

State

RI

Zip Code

02905

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Rhode Island

Occupation

CNM Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7661

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Gretchen G Mettler

Mailing Address 1020 Yellowstone Road

City

Cleveland

State

OH

Zip Code

44121-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer

UHMG and Case Western Reserve Univ.

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7490

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7571

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7661

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7490

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 193 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jeanne Meurer

Mailing Address 3393 McKelvey Road

City State Zip Code
 Bridgeton MO 63044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.7959

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Yolanda Anne Meza

Mailing Address 8311 Pioneer Drive

City State Zip Code
 Anchorage AK 99504-4714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southcentral Foundation

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

137.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 01 / 2013

Transaction ID : SA11AI.7645

Amount of Each Receipt this Period

137.00

Full Name (Last, First, Middle Initial)

C. Yolanda Anne Meza

Mailing Address 8311 Pioneer Drive

City State Zip Code
 Anchorage AK 99504-4714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southcentral Foundation

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 01 / 2013

Transaction ID : SA11AI.7646

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7959

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7645

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7646

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 196 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Yolanda Anne Meza

Mailing Address 8311 Pioneer Drive

City

Anchorage

State

AK

Zip Code

99504-4714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southcentral Foundation

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7647

Amount of Each Receipt this Period

53.00

Full Name (Last, First, Middle Initial)

B. Elaine W Mielcarski

Mailing Address 6100 Wolfeboro Road

City

Jamesville

State

NY

Zip Code

13078-9304

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7687

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Laura D Migliaccio

Mailing Address MSCIO 5580 IUNM

City

Albuquerque

State

NM

Zip Code

87131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. Midwifery Associates

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

36.00

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7945

Amount of Each Receipt this Period

36.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

139.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7647

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7687

|

: 97 `A=G79 @Q5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7 <98I @Q`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7945
|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 199 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Mary Kay Miller

Mailing Address 1956 King Arthurs Ct

City

Winter Park

State

FL

Zip Code

32792-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7572

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mary Kay Miller

Mailing Address 1956 King Arthurs Ct

City

Winter Park

State

FL

Zip Code

32792-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7573

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Tonia Moore-Davis

Mailing Address 1436 Station Four Lane

City

Old Hickory

State

TN

Zip Code

37138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7628

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7572

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7573

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7628

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 202 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lonnie C Morris

Mailing Address 4 Roberts Ct.

City

Tenaflly

State

NJ

Zip Code

07670-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7574

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. Lonnie C Morris

Mailing Address 4 Roberts Ct.

City

Tenaflly

State

NJ

Zip Code

07670-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7575

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Lonnie C Morris

Mailing Address 4 Roberts Ct.

City

Tenaflly

State

NJ

Zip Code

07670-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7576

Amount of Each Receipt this Period

900.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1110.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7574

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7575

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7576

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 205 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lonnie C Morris

Mailing Address 4 Roberts Ct.

City

Tenaflly

State

NJ

Zip Code

07670-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11Al.7577

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Lonnie C Morris

Mailing Address 4 Roberts Ct.

City

Tenaflly

State

NJ

Zip Code

07670-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11Al.7951

Amount of Each Receipt this Period

1800.00

Full Name (Last, First, Middle Initial)

C. Heather Murphy

Mailing Address 316 S 12th Ave

City

Hattiesburg

State

MS

Zip Code

39401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alivio Medical Center

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11Al.7681

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7577

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7951

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7681

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 208 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lucie Neiman

Mailing Address 9 Altmont Ct

City

Durham

State

NC

Zip Code

27705-5478

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7488

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Cara E. Nogare

Mailing Address 30 Magaw Pl Apt 2E

City

New York

State

NY

Zip Code

10033

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

06 / 19 / 2013

Transaction ID : SA11Al.7499

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Kathryn Osborne

Mailing Address 305 Coach House Dr.

City

Madison

State

WI

Zip Code

53714-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frontier School

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7467

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

620.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7488

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7499

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7467

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 211 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kathryn Osborne

Mailing Address 305 Coach House Dr.

City

Madison

State

WI

Zip Code

53714-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frontier School

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7609

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kathryn Osborne

Mailing Address 305 Coach House Dr.

City

Madison

State

WI

Zip Code

53714-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frontier School

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7948

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Sara Owens

Mailing Address 330 Hadden Ct

City

Athens

State

GA

Zip Code

30606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7636

Amount of Each Receipt this Period

65.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

215.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7609

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7948

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7636

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 214 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jennifer E Oxley

Mailing Address 1100 Walter Clark Dr

City

Hillsborough

State

NC

Zip Code

27278-8764

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7615

Amount of Each Receipt this Period

27.00

Full Name (Last, First, Middle Initial)

B. Jennifer E Oxley

Mailing Address 1100 Walter Clark Dr

City

Hillsborough

State

NC

Zip Code

27278-8764

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7616

Amount of Each Receipt this Period

33.00

Full Name (Last, First, Middle Initial)

C. PA Affiliate of ACNM

Mailing Address 431 Appletree Rd.

City

Camp Hill

State

PA

Zip Code

17011-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

Affiliate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

06 / 10 / 2013

Transaction ID : SA11AI.7970

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

560.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7615

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7616

|

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 216 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Katie Page

Mailing Address 225 Coffee Rd.
Apt. 10

City State Zip Code
Lynchburg VA 24503

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

MM / DD / YYYY
06 / 01 / 2013

Transaction ID : SA11AI.7641

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Deborah Paley

Mailing Address 115 Montague St
Apt 7A

City State Zip Code
Brooklyn NY 11201-3443

FEC ID number of contributing
federal political committee.

C

Name of Employer

Woodhull Medical Center

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

MM / DD / YYYY
06 / 01 / 2013

Transaction ID : SA11AI.7473

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Heather Palmer

Mailing Address PO Box 231911

City State Zip Code
Anchorage AK 99523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southcentral Foundation

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

MM / DD / YYYY
06 / 01 / 2013

Transaction ID : SA11AI.7684

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7641

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7473

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7684

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 OF 363

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Karen Perdion

Mailing Address 836 W Pennsylvania Avenue
Apt. 117

City State Zip Code
San Diego CA 92103-3856

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of CA, San Diego

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

878.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7578

Amount of Each Receipt this Period

878.00

Full Name (Last, First, Middle Initial)

B. Karen Perdion

Mailing Address 836 W Pennsylvania Avenue
Apt. 117

City State Zip Code
San Diego CA 92103-3856

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of CA, San Diego

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7579

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

C. Dana B Perlman

Mailing Address 723 Arden Road

City State Zip Code
Jenkintown PA 19046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Philadelphia University

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7580

Amount of Each Receipt this Period

231.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1239.00

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7578

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7579

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7580

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 222 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Dana B Perlman

Mailing Address 723 Arden Road

City

Jenkintown

State

PA

Zip Code

19046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Philadelphia University

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7581

Amount of Each Receipt this Period

34.00

Full Name (Last, First, Middle Initial)

B. Dana B Perlman

Mailing Address 723 Arden Road

City

Jenkintown

State

PA

Zip Code

19046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Philadelphia University

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7582

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Dana B Perlman

Mailing Address 723 Arden Road

City

Jenkintown

State

PA

Zip Code

19046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Philadelphia University

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

464.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7583

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)..... ►

108.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7581

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7582

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7583

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 225 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Dana B Perlman

Mailing Address 723 Arden Road

City

Jenkintown

State

PA

Zip Code

19046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Philadelphia University

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7584

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Dana B Perlman

Mailing Address 723 Arden Road

City

Jenkintown

State

PA

Zip Code

19046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Philadelphia University

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

557.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7585

Amount of Each Receipt this Period

78.00

Full Name (Last, First, Middle Initial)

C. Julia Cain Phillippi

Mailing Address 9207 Shawnee Tri

City

Brentwood

State

TN

Zip Code

37027-7429

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7471

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

133.00

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7584

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7585

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7471

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 228 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Melanie Phipps-Morgan

Mailing Address 7455 Miramar Ave

City

La Jolla

State

CA

Zip Code

92037-5250

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of New Mexico

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11Al.7618

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Jenifer Poell

Mailing Address 849 N Damen Ave Apt 3

City

Chicago

State

IL

Zip Code

60622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alivio Medical Center

Occupation

CNM WNHP-BC

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

85.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11Al.7921

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Jennifer Poell

Mailing Address 849 N Damen Ave
Apt 304

City

Chicago

State

IL

Zip Code

60622-7205

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

55.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11Al.7586

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)..... ►

240.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7618

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7921

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7586

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 231 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Amy Ramano

Mailing Address 67 Hauser St.

City
MilfordState
CTZip Code
06460FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2013

Transaction ID : SA11AI.7935

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Amy Ramano

Mailing Address 67 Hauser St.

City
MilfordState
CTZip Code
06460FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

81.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2013

Transaction ID : SA11AI.7936

Amount of Each Receipt this Period

46.00

Full Name (Last, First, Middle Initial)

C. Barbara Pavuk Recker

Mailing Address 12602 Maple Ave.

City
Blue IslandState
ILZip Code
60406FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2013

Transaction ID : SA11AI.7903

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

106.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7935

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7936

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7903

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 234 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Marilyn K Rhodes

Mailing Address 526 Seminole Place

City

Montgomery

State

AL

Zip Code

36117-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auburn University at Montgomery

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7625

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Marilyn K Rhodes

Mailing Address 526 Seminole Place

City

Montgomery

State

AL

Zip Code

36117-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auburn University at Montgomery

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7626

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Kristin Ricci

Mailing Address 55 Westminster Ave # 3

City

Portland

State

ME

Zip Code

04103

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7494

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

515.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7625

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7626

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7494

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 237 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kristin Ricci

Mailing Address 55 Westminster Ave # 3

City

Portland

State

ME

Zip Code

04103

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7683

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Anne M Richter

Mailing Address 1422 Arrowhead Cir. W.

City

Clearwater

State

FL

Zip Code

33759-2556

FEC ID number of contributing
federal political committee.

C

Name of Employer

MPH

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7587

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Linda J Robinson

Mailing Address 45 Pine Health Road

City

Bar Harbor

State

ME

Zip Code

04609

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16.95

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7928

Amount of Each Receipt this Period

16.95

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

566.95

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7683

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7587

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7928

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 240 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Linda J Robinson

Mailing Address 45 Pine Health Road

City

Bar Harbor

State

ME

Zip Code

04609

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33.90

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7956

Amount of Each Receipt this Period

16.95

Full Name (Last, First, Middle Initial)

B. Amy Romano

Mailing Address 68 Hauser St.

City

Milford

State

CT

Zip Code

06460

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childbirth Connection

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7627

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

C. Lynneece M. Rooney

Mailing Address 1430 Spellers Lane

City

Houston

State

TX

Zip Code

77043-4137

FEC ID number of contributing
federal political committee.

C

Name of Employer

MemorialSpringBranchMidwifery

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7588

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

256.95

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7956

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7627

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7588

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 243 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Mairi Breen Rothman

Mailing Address 7301 Garland Ave

City

Takoma Park

State

MD

Zip Code

20912-6417

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7677

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mairi Breen Rothman

Mailing Address 7301 Garland Ave

City

Takoma Park

State

MD

Zip Code

20912-6417

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

76.00

Date of Receipt

06 / 19 / 2013

Transaction ID : SA11AI.7500

Amount of Each Receipt this Period

26.00

Full Name (Last, First, Middle Initial)

C. Mairi Breen Rothman

Mailing Address 7301 Garland Ave

City

Takoma Park

State

MD

Zip Code

20912-6417

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

107.00

Date of Receipt

06 / 19 / 2013

Transaction ID : SA11AI.7501

Amount of Each Receipt this Period

31.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

107.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7677

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7500

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7501

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 246 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kathryn Rowan

Mailing Address 225 Waldon St
Apt 5J

City State Zip Code
Cambridge MA 02140-3517

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7632

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Kathryn Rowan

Mailing Address 225 Waldon St
Apt 5J

City State Zip Code
Cambridge MA 02140-3517

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7680

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Catherine M Salam

Mailing Address 1293 Swan Dr

City State Zip Code
Annapolis MD 21409-4920

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7671

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7632

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7680

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7671
|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 249 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Erin Schleicher

Mailing Address 2325 Brynmahr Dr.

City

Tallahassee

State

FL

Zip Code

32303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Azalea Women's Healthcare

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

90.00

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7900

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Tisha Seghers

Mailing Address 3309 Tartan Dr

City

Metairie

State

LA

Zip Code

70003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

78.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7503

Amount of Each Receipt this Period

63.00

Full Name (Last, First, Middle Initial)

C. Amanda Shafton

Mailing Address 8954 Sunstone Ln

City

Middleton

State

WI

Zip Code

53562-4277

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7504

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

178.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7900

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7503

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7504

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 252 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jane A Silver

Mailing Address 7 N Ash St

City

Spokane

State

WA

Zip Code

99201-1301

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7493

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Suzanne Smith

Mailing Address 35 Prospect Pk West
Apt 15 E

City

Brooklyn

State

NY

Zip Code

11215

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM, Former BOD Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7482

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Annie Sorensen

Mailing Address 1312 Boscobel

City

Nashville

State

TN

Zip Code

37206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wine

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.7897

Amount of Each Receipt this Period

27.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

87.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7493

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7482

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7897

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 OF 363
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kaitlin Spangler

Mailing Address 2703 Acklen Ave

Unit A

City

Nashville

State

TN

Zip Code

37212-3303

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2013

Transaction ID : SA11AI.7495

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Jamie L Sternberg

Mailing Address 1505 Market St

City

Algonac

State

MI

Zip Code

48001-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7590

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Jamie L Sternberg

Mailing Address 1505 Market St

City

Algonac

State

MI

Zip Code

48001-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

58.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7591

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

78.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7495

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7590

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7591

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 258 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth B. Stevens

Mailing Address 256 Bay St.

City

Springfield

State

MA

Zip Code

01109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Prenatal Co

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7592

Amount of Each Receipt this Period

315.00

Full Name (Last, First, Middle Initial)

B. Cindy Stippich

Mailing Address 8 State Road 33

City

Juneau

State

WI

Zip Code

53039

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7477

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Susan Stone

Mailing Address 2550 Rogers Avenue

City

Fort Worth

State

TX

Zip Code

76109

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNT Health

Occupation

Nurse Practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.7902

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

540.00

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7592

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7477

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7902

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 261 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Amanda Strauss

Mailing Address 29 Nicoll St

City

New Haven

State

CT

Zip Code

06511-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7630

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Lisa Summers

Mailing Address 1220 Noyes Dr.

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

FACNM

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7593

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Lisa Summers

Mailing Address 1220 Noyes Dr.

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

FACNM

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7594

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

355.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7630

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7593

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7594

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 264 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lisa Summers

Mailing Address 1220 Noyes Dr.

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

FACNM

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7595

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Lisa Summers

Mailing Address 1220 Noyes Dr.

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

FACNM

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7596

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Lisa Summers

Mailing Address 1220 Noyes Dr.

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

FACNM

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1565.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7597

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7595

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7596

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7597

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 267 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lisa Summers

Mailing Address 1220 Noyes Dr.

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

FACNM

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1640.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	3		

Transaction ID : SA11AI.7598

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Stacey Sutchwell

Mailing Address 2461 Hillbrooke PKWY

City

Owensboro

State

KY

Zip Code

42303

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0	2	0	1	3		

Transaction ID : SA11AI.7918

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Heather Suzette Swanson

Mailing Address 257 22 Rd

City

Wilcox

State

NE

Zip Code

68982

FEC ID number of contributing
federal political committee.

C

Name of Employer

IBCLC

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	3		

Transaction ID : SA11AI.7658

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7598

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7918

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7658

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 270 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Alice Bannon Taylor

Mailing Address 27880 Highway 101

City

Gold Beach

State

OR

Zip Code

97444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Curry Health Network

Occupation

CNM

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

83.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7600

Amount of Each Receipt this Period

33.00

Full Name (Last, First, Middle Initial)

B. Alice Bannon Taylor

Mailing Address 27880 Highway 101

City

Gold Beach

State

OR

Zip Code

97444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Curry Health Network

Occupation

CNM

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

173.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7601

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

C. Alice Bannon Taylor

Mailing Address 27880 Highway 101

City

Gold Beach

State

OR

Zip Code

97444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Curry Health Network

Occupation

CNM

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7602

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

165.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7600

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7601

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7602

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 273 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jennifer E Taylor

Mailing Address 6533 35th Ave NE

Unit B

City

Seattle

State

WA

Zip Code

98115-7331

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7624

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Joanne Tennyson

Mailing Address 477 Dickinson St.

City

Memphis

State

TN

Zip Code

38112

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.7904

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

C. Donna Thomson

Mailing Address 474 NW Fetterbush Way

City

Jensen Beach

State

FL

Zip Code

34957

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.7906

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7624

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7904

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7906

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 276 OF 363

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Stephanie N TillmanMailing Address 1070 W 15th St
Unit 153City State Zip Code
Chicago IL 60608-1872FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale Univ. School of Nursing

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7631

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Stephanie N TillmanMailing Address 1070 W 15th St
Unit 153City State Zip Code
Chicago IL 60608-1872FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale Univ. School of Nursing

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7678

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Jennifer TramantanaMailing Address 85 Viscount Dr
Unit B 26City State Zip Code
Milford CT 06460-5744FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11AI.7634

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

165.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7631

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7678

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7634

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 279 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jennifer Tramantana

Mailing Address 85 Viscount Dr
Unit B 26

City Milford State CT Zip Code 06460-5744

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7686

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Maria Valentin- Welch

Mailing Address 95 Elsa Jane Lane

City Pittsboro State NC Zip Code 27312

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11AI.7666

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Leona Vandevusse

Mailing Address 4371 S Lake Drive

City Cudahy State WI Zip Code 53110-1241

FEC ID number of contributing federal political committee.

C

Name of Employer

Marquette University

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

06 / 19 / 2013

Transaction ID : SA11AI.7496

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7686

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7666

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7496

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 282 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Diana S VanKirk

Mailing Address 12100 Euclid St

City

Garden Grove

State

CA

Zip Code

92840-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7464

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Susana Vega

Mailing Address 10124 Brandon Way

City

Manassas

State

VA

Zip Code

20109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johns Hopkins

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

06 / 01 / 2013

Transaction ID : SA11Al.7673

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Cynthia Wade

Mailing Address 9335 Rhythm Ln

City

Houston

State

TX

Zip Code

77040-2589

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor College of Medicine

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2065.00

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11Al.7942

Amount of Each Receipt this Period

1515.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1575.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7464

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7673

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7942

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 285 OF 363

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Deborah S Walker

Mailing Address 6180 1st Rd.

City

State

Zip Code

Superior Township

MI

48198-9647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Wayne State Univ. College of Nursing

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7665

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Tina Williams

Mailing Address 901 Custer Ave. SE

City

State

Zip Code

Atlanta

GA

30316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

N/A

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7466

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

C. Missy Willmarth

Mailing Address 7011 Glen Arbor Dr.

City

State

Zip Code

Florence

KY

41042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

N/A

CNM/ DNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.7919

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7665

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7466

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7919

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 288 OF 363
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kelli Wilson

Mailing Address 2337 Bliss Cir

City State Zip Code
Oceanside CA 92056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7603

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. Angela Wilson-Liverman

Mailing Address 7964 Hooten Hows Rd.

City State Zip Code
Nashville TN 37221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt Center for Women's Health

Occupation

CNM/ FACNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7605

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Jerri Lynn Wiker

Mailing Address 34 Hall Road

City State Zip Code
Woolwich ME 04579

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SA11AI.7927

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7603

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7605

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7927

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 291 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kendra Wyatt

Mailing Address 9209 W 110th St
#36

City State Zip Code
Overland Park KS 66210-1401

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

BSIE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7475

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kendra Wyatt

Mailing Address 9209 W 110th St
#36

City State Zip Code
Overland Park KS 66210-1401

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

BSIE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7604

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

C. Emily Z Yeast

Mailing Address 693 Orange St.
Apt. 403

City State Zip Code
New Haven CT 06511-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University

Occupation

SNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7639

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

595.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7475

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7604

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7639

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 294 OF 363

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Amanda H Youngue

Mailing Address 7210 Fox Point Dr

City

Charlette

State

NC

Zip Code

28269-2295

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7672

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Susan M Yount

Mailing Address 2538 N Orchard Ave

City

Tuscon

State

AZ

Zip Code

85712-1936

FEC ID number of contributing
federal political committee.

C

Name of Employer

Birth & Women's Health

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2013

Transaction ID : SA11AI.7491

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

49798.55

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7672

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.7491

|

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Three 7-segment displays are shown, each with a label above it. The first display is labeled 'M M' and shows the number '06'. The second display is labeled 'D D' and shows the number '30'. The third display is labeled 'Y Y Y Y' and shows the year '2013'.

Category/
Type

Age Group	Number of people
13-17	10.0
18-24	15.0
25-34	20.0
35-44	25.0
45-54	20.0
55-64	15.0
65-74	10.0
75-84	5.0
85+	2.0

Category/
Type

Age Group	Percentage
18-24	47.00
25-34	~15.00
35-44	~10.00
45-54	~10.00
55-64	~10.00
65-74	~10.00
75-84	~10.00
85+	~10.00

Category/
Type

27.20

99.20

TOTAL This Period (last page this line number only).....

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7851

|

Form/Schedule: SB21B
Transaction ID: SB21B.7883

|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 298 OF 363

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Heather Bradford

Mailing Address 527 Kirkland Avenue

City

Kirkland

State

WA

Zip Code

98033-6220

Purpose of Disbursement

Jewl, bags, stationery, scarves

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M M M /
06D D D /
30Y Y Y Y Y Y
2013**Transaction ID : SB21B.7875**

Amount of Each Disbursement this Period

775.40

Full Name (Last, First, Middle Initial)

B. Ginger Breedlove

Mailing Address 13608 W 54th St.

City

Shawnee

State

KS

Zip Code

66216

Purpose of Disbursement

breakfast, rolling pin framed stamps

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M M M /
06D D D /
30Y Y Y Y Y Y
2013**Transaction ID : SB21B.7884**

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

C. Tara Cardinal

Mailing Address 5147 S Brighton St

City

Seattle

State

WA

Zip Code

98118

Purpose of Disbursement

Body Butter and lip balm

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M M M /
06D D D /
30Y Y Y Y Y Y
2013**Transaction ID : SB21B.7877**

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1165.40

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7875

|

Form/Schedule: SB21B
Transaction ID: SB21B.7884

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7877

|

Form/Schedule:
Transaction ID:

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

A. Katherine Camacho Carr

Date of Disbursement



Transaction ID : SB21B.7892

Amount of Each Disbursement this Period

1475.00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Choices In Childbirth

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.7865

Amount of Each Disbursement this Period

35.29

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial)
C. Anne Cockerham

Date of Disbursement

Transaction ID : SB21B.7866

Amount of Each Disbursement this Period

30.00

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

1540.29

TOTAL This Period (last page this line number only).....

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7892

|

Form/Schedule: SB21B
Transaction ID: SB21B.7865

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7866

|

Form/Schedule:
Transaction ID:

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

A. Connie Coker

Date of Disbursement



Transaction ID : SB21B.7830

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

63.00

B. Elizabeth Coleman

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.7832

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

24.00

C. Mary Kaye Collirs

Date of Disbursement

Transaction ID : SB21B.7841

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

52.00

SUBTOTAL of Disbursements This Page (optional).....

139.00

TOTAL This Period (last page this line number only).....

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7830

|

Form/Schedule: SB21B
Transaction ID: SB21B.7832

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7841

|

Form/Schedule:
Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 307 OF 363

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Mary Kaye Collirs

Mailing Address 2089 NW Pine tree way L

City	State	Zip Code
Stuart	FL	34994

Purpose of Disbursement
pillow case

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2013

Transaction ID : SB21B.7886

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Emily G Dial

Mailing Address 20009 Cifton

City	State	Zip Code
Laurencebury	KY	40342

Purpose of Disbursement
wine

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2013

Transaction ID : SB21B.7844

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. Juliana Fehr

Mailing Address 3106 Castleman Rd.

City	State	Zip Code
Berryville	VA	22611-3031

Purpose of Disbursement
Book

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2013

Transaction ID : SB21B.7856

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115.00

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7886

|

Form/Schedule: SB21B
Transaction ID: SB21B.7844

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7856

|

Form/Schedule:
Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 310 OF 363

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Juliana Fehr

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2013

Mailing Address 3106 Castleman Rd.

Transaction ID : SB21B.7880

City	State	Zip Code
Berryville	VA	22611-3031

Amount of Each Disbursement this Period

Purpose of Disbursement
book

Amount	35.00
--------	-------

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Julie G Gorwoda

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2013

Mailing Address 6629 Elwood Dr. NW

Transaction ID : SB21B.7857

Amount of Each Disbursement this Period

City	State	Zip Code
Los Ranchos	NM	04212

Purpose of Disbursement
Silk Scarf

Amount	125.00
--------	--------

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Eve K Hadley

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2013

Mailing Address PO Box 4809

Transaction ID : SB21B.7872

Amount of Each Disbursement this Period

City	State	Zip Code
Portland	ME	04112-4809

Purpose of Disbursement
Wooden Dilation Board

Amount	80.00
--------	-------

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

Amount	240.00
--------	--------

TOTAL This Period (last page this line number only)..... ►

Amount	
--------	--

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7880

|

Form/Schedule: SB21B
Transaction ID: SB21B.7857

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7872

|

Form/Schedule:
Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 313 OF 363

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Eve K Hadley

Mailing Address PO Box 4809

City

Portland

State

ME

Zip Code

04112-4809

Purpose of Disbursement

Knife Holder

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M M M /
06D D D /
30Y Y Y Y Y Y
2013**Transaction ID : SB21B.7873**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Lisa C Hanson

Mailing Address 1026 Lakeland Road

City

Grafon

State

WI

Zip Code

53024

Purpose of Disbursement

Fetus in Utero paper weight

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M M M /
06D D D /
30Y Y Y Y Y Y
2013**Transaction ID : SB21B.7864**

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. Lisa C Hanson

Mailing Address 1026 Lakeland Road

City

Grafon

State

WI

Zip Code

53024

Purpose of Disbursement

Silk Scarf

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M M M /
06D D D /
30Y Y Y Y Y Y
2013**Transaction ID : SB21B.7867**

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

190.00

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7873

|

Form/Schedule: SB21B
Transaction ID: SB21B.7864

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7867

|

Form/Schedule:
Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 316 OF 363

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Patricia J Harman

Mailing Address 3011 Greystone Dr.

City	State	Zip Code
Morgantown	WV	26508

Purpose of Disbursement
Books

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2013

Transaction ID : SB21B.7859

Amount of Each Disbursement this Period

55.00

Full Name (Last, First, Middle Initial)

B. Kate Harrod

Mailing Address W1815 Country Hwy B

City	State	Zip Code
Genoa City	WI	53128

Purpose of Disbursement
Vidal Wine

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2013

Transaction ID : SB21B.7828

Amount of Each Disbursement this Period

29.99

Full Name (Last, First, Middle Initial)

C. Kathryn Shisler Harrod

Mailing Address W1815 Country Road B

City	State	Zip Code
Genoa City	WI	53128-1938

Purpose of Disbursement
2 nights

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2013

Transaction ID : SB21B.7868

Amount of Each Disbursement this Period

550.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

634.99

--

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7859

|

Form/Schedule: SB21B
Transaction ID: SB21B.7828

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7868

|

Form/Schedule:
Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 319 OF 363

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Eliza Holland

Mailing Address 7 Betts Place

City	State	Zip Code
Norwalk	CT	06855

Purpose of Disbursement
Bounbon, Redwine

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2013

Transaction ID : SB21B.7829

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Eliza Holland

Mailing Address 7 Betts Place

City	State	Zip Code
Norwalk	CT	06855

Purpose of Disbursement
Vacation cottage Weekend

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2013

Transaction ID : SB21B.7891

Amount of Each Disbursement this Period

650.00

Full Name (Last, First, Middle Initial)

C. Sarah Hood

Mailing Address 174 Suburban Ct.

City	State	Zip Code
Lexington	KY	40503

Purpose of Disbursement
Wine

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2013

Transaction ID : SB21B.7854

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

780.00

--

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7829

|

Form/Schedule: SB21B
Transaction ID: SB21B.7891

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7854

|

Form/Schedule:
Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 322 OF 363

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Cheri Van Hoover

Mailing Address P.O.Box 1658Port

City	State	Zip Code
Hadlock	WA	98339

Purpose of Disbursement
Jewelry

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2013

Transaction ID : SB21B.7889

Amount of Each Disbursement this Period

565.00

Full Name (Last, First, Middle Initial)

B. Barbara HughesMailing Address 2100 Humboldt St.
Apt. 302

City	State	Zip Code
Denver	CO	80205

Purpose of Disbursement
practice Development consult

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2013

Transaction ID : SB21B.7871

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Katie IsaacMailing Address 279 Kings Daughters Dr.
#301

City	State	Zip Code
Frakfort	KY	40601

Purpose of Disbursement
Wine

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2013

Transaction ID : SB21B.7847

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2090.00

--

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7889

|

Form/Schedule: SB21B
Transaction ID: SB21B.7871

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7847

|

Form/Schedule:
Transaction ID:

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7858

|

Form/Schedule: SB21B
Transaction ID: SB21B.7878

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7887

|

Form/Schedule:
Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 328 OF 363

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Deborah K. Karsnitz

Mailing Address 2230 Taylorwood Rd.

City

Simpsonville

State

KY

Zip Code

40067

Purpose of Disbursement

Wine

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013**Transaction ID : SB21B.7833**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. Nicole Keller

Mailing Address 216 Aspenwood Ln

City

Nashville

State

TN

Zip Code

37221

Purpose of Disbursement

Wine

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013**Transaction ID : SB21B.7842**

Amount of Each Disbursement this Period

70.99

Full Name (Last, First, Middle Initial)

C. Janice Kvale

Mailing Address 5914 Blanco River Pass

City

Austin

State

TX

Zip Code

78749-2860

Purpose of Disbursement

books,Tshirts

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013**Transaction ID : SB21B.7881**

Amount of Each Disbursement this Period

315.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

410.99

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7833

|

Form/Schedule: SB21B
Transaction ID: SB21B.7842

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7881

|

Form/Schedule:
Transaction ID:

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

A. Vivian Lawenstein

Mailing Address 1124 Beverly Road

City	State	Zip Code
Jenkintown	PA	19046

Purpose of Disbursement
Wine

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.7849

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City	State	Zip Code
Nipomp	CA	93444

Purpose of Disbursement
wine

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.7845

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	18.00
25-34	15.00
35-44	12.00
45-54	10.00
55-64	8.00
65-74	6.00
75-84	4.00
85+	2.00

Full Name (Last, First, Middle Initial)

C. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City	State	Zip Code
Nipomp	CA	93444

Purpose of Disbursement
Wine

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.7846

Amount of Each Disbursement this Period

85.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

210.00

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7849

|

Form/Schedule: SB21B
Transaction ID: SB21B.7845

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7846

|

Form/Schedule:
Transaction ID:

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7848

|

Form/Schedule: SB21B
Transaction ID: SB21B.7850

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7860

|

Form/Schedule:
Transaction ID:

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

A. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City	State	Zip Code
Nipomp	CA	93444

Purpose of Disbursement Book

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.7863

Amount of Each Disbursement this Period

26.00

Category/
Type

B. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City	State	Zip Code
Nipomp	CA	93444

Purpose of Disbursement	Quilt
-------------------------	-------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.7874

Amount of Each Disbursement this Period

400.00

Category/
Type

C. Francie E Likis

Mailing Address 4530 Everett Drive

City	State	Zip Code
Nashville	TN	37215

Purpose of Disbursement book

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.7888

Amount of Each Disbursement this Period

21.99

Category/
Type

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

447.99

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7863

|

Form/Schedule: SB21B
Transaction ID: SB21B.7874

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7888

|

Form/Schedule:
Transaction ID:

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7839

|

Form/Schedule: SB21B
Transaction ID: SB21B.7843

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7835

|

Form/Schedule:
Transaction ID:

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

A. Jeanne Meurer

Date of Disbursement

Mailing Address 3393 McKelvey Road

City	State	Zip Code
Bridgeton	MO	63044

Transaction ID : SB21B.7893

Purpose of Disbursement
Wine

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Laura D Migliaccio

Date of Disbursement

Mailing Address MSCIO 5580 IUNM

City	State	Zip Code
Albuquerque	NM	87131

Transaction ID : SB21B.7879

Purpose of Disbursement
Tea towels

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Lonnie C Morris

Date of Disbursement

Mailing Address 4 Roberts Ct.

City	State	Zip Code
Tenaflly	NJ	07670-2001

Transaction ID : SB21B.7885

Purpose of Disbursement	3 bracelets, vacation home 7 nights
-------------------------	-------------------------------------

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

1861.00

TOTAL This Period (last page this line number only).....

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7893

|

Form/Schedule: SB21B
Transaction ID: SB21B.7879

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7885

|

Form/Schedule:
Transaction ID:

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7882

|

Form/Schedule: SB21B
Transaction ID: SB21B.7855

|

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Category/
Type

35.00

Category/
Type

46.00

Category/
Type

25.00

106.00

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7869

|

Form/Schedule: SB21B
Transaction ID: SB21B.7870

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7837

|

Form/Schedule:
Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 351 OF 363

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Linda J Robinson

Mailing Address 45 Pine Health Road

City	State	Zip Code
Bar Harbor	ME	04609

Purpose of Disbursement
Book

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2013

Transaction ID : SB21B.7862

Amount of Each Disbursement this Period

16.95

Full Name (Last, First, Middle Initial)

B. Linda J Robinson

Mailing Address 45 Pine Health Road

City	State	Zip Code
Bar Harbor	ME	04609

Purpose of Disbursement
book

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2013

Transaction ID : SB21B.7890

Amount of Each Disbursement this Period

16.95

Full Name (Last, First, Middle Initial)

C. Erin Schleicher

Mailing Address 2325 Brynmahr Dr.

City	State	Zip Code
Tallahassee	FL	32303

Purpose of Disbursement
Wine (2 Bottles)

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2013

Transaction ID : SB21B.7834

Amount of Each Disbursement this Period

90.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

123.90

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7862

|

Form/Schedule: SB21B
Transaction ID: SB21B.7890

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7834

|

Form/Schedule:
Transaction ID:

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

27.00

MM / DD / YYYY

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

25.00

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

25.00

Age Group	Percentage
18-24	100%
25-34	100%
35-44	100%
45-54	100%
55-64	100%
65-74	100%
75-84	100%
85+	77.00%

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7831

|

Form/Schedule: SB21B
Transaction ID: SB21B.7836

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7852

|

Form/Schedule:
Transaction ID:

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

70.00

MM / DD / YYYY

1515.00

1610.00

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7838

|

Form/Schedule: SB21B
Transaction ID: SB21B.7840

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7876

|

Form/Schedule:
Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 360 OF 363

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Missy Willmarth

Mailing Address 7011 Glen Arbor Dr.

City Florence	State KY	Zip Code 41042
------------------	-------------	-------------------

Purpose of Disbursement
wine

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2013

Transaction ID : SB21B.7853

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. Jerri Lynn Wilker

Mailing Address 34 Hall Road

City Woolwich	State ME	Zip Code 04579
------------------	-------------	-------------------

Purpose of Disbursement
Hand made O.R. caps

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2013

Transaction ID : SB21B.7861

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

13788.70

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.7853

|

Form/Schedule: SB21B
Transaction ID: SB21B.7861

|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 362 OF 363

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE

Mailing Address 6380 WILSHIRE BLVD., #1612

City	State	Zip Code
LOS ANGELES	CA	90048

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 33

Disbursement For: 2013

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		14		2013

Transaction ID : SB23.7963

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 MADISON AVENUE

City	State	Zip Code
SACRAMENTO	CA	95841

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 05

Disbursement For: 2013

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		01		2013

Transaction ID : SB23.7962

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City	State	Zip Code
EVANSTON	IL	60204

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 09

Disbursement For: 2013

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		14		2013

Transaction ID : SB23.7968

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

--

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

A. STEVE COHEN FOR CONGRESS

Date of Disbursement

Transaction ID : SB23.7965

Category/
Type

Disbursement For: 2013

☐ Primary ☒ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

1000.00

B.

Date of Disbursement

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

1000.00

TOTAL This Period (last page this line number only).....

5000.00